

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-025256

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

5871

STATE FILE NUMBER

FILED JUN 18 1962

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN **St. Louis**

Length of stay in 1b

45 yrs

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION **St. Louis-Little Rock  
Hospital, Inc.**

Inside Limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **Missouri** b. COUNTYc. CITY  
OR  
TOWN **St. Louis**Inside Limits  
Yes ☒ No ☐d. STREET  
ADDRESS **746 Aubert Ave**Reside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)First  
**Jessie**Middle  
**- -**Last  
**Thomas**4. DATE  
OF  
DEATHMonth  
**June**Day  
**11**Year  
**1962**5. SEX  
**Male**6. COLOR OR RACE  
**Colored**7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

9. AGE (last birthday)

**7-19-1891 70**

## IF UNDER 1 YEAR

## IF UNDER 24 HR

Months Days Hours Min.

**18 29**10a. USUAL OCCUPATION (Give kind of work done  
during most of working life even if retired)**Senior Trucker**10b. KIND OF BUSINESS OR INDUSTRY  
**Railroad**11. BIRTHPLACE (City and state or country)  
**Little Rock, Ark.**12. CITIZEN OF WHAT COUNTRY  
**U. S. A.**

## 13a. FATHER'S NAME

**Edward Thomas**

## 13b. MOTHER'S MAIDEN NAME

**Marie Harris**

## 14. NAME OF HUSBAND OR WIFE

**Callie Thomas**15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)**No**

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address

**Callie Thomas 746 Aubert Ave**18. CAUSE OF DEATH (Enter only one cause per line  
PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

**Pulmonary Embolus**INTERVAL BETWEEN  
ONSET AND DEATH  
**15 min**

## DUE TO (b)

**Thrombophlebitis, rt leg****1 week**

## DUE TO (c)

**463x A**PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)**Pulmonary Thrombophlebitis, rt leg**PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒20. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURYHour  
a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **May 17, 1962** to **June 11, 1962** and last saw him alive on **June 10, 1962**Death occurred at **6:45 P.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

**Masas Okamoto M.D.**

## 22b. ADDRESS

**1755 S. Grand Blvd.**

## 22c. DATE SIGNED

**6/11/62**23a. BURIAL, CREMATION,  
REMOVAL (Specify)**Removal**

## 23b. DATE

**6-15-1962**

## 23c. NAME OF CEMETERY OR CREMATORY

**Washington Park**

## 23d. LOCATION (City, town, or county)

**St. Louis****Co****MO**

## 24. FUNERAL DIRECTOR

ADDRESS

**JAS. H. RANDLE & SON 3133 Bell Ave.**

## 25. DATE RECD. BY LOCAL REG.

**JUN 12 1962**

## 26. REGISTRAR'S SIGNATURE

**Earl Smith M.D.**USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *Esther H. Harris*

Licensed Embalmer No. 4458

P. O. Address 4181 Washington

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.